PERSONAL PROPERTY

DATE

WHEN COMPLAINT FOR REVIEW OF ASSESSMENT								
TYPE OR PRINT								
TAXPAYER'S NAME								
ADDRESS OF THE PROPERTY	' SUBJECT TO APPEAL: ST	REET						
CITY				STATE		ZIP	CODE	
				COLUNITY IN THE HOLL PROPERT	V 10 1 00 1 T D			
ASSESSOR'S ACCOUNT NUMBER OF THE PROPERTY				COUNTY IN WHICH PROPERT	Y IS LOCALED			
ODICINAL VALUE BY THE ASSESSOR VALUE SET BY BOAF				D OF EQUALIZATION	VALUE PROPO	SED BY	THE TAXPAYER	
ORIGINAL VALUE BY THE ASSESSOR			(IF DIFFERENT TH	AN ASSESSOR'S)	(ASSESSED VALUE IS 1/3 OF TRUE VALUE)			
TRUE VALUE		_	TRUE VALUE		TRUE VALUE			
(MARKET)	ASSESSED VALU	IE	(MARKET)	ASSESSED VALUE	(MARKET)		ASSESSED VALUE	
,			,		, , , , , , , , , , , , , , , , , , ,	-		
\$	\$	\$		\$	\$	\$		
THE TAXPAYER ALLEGES THAT THE ASSESSMENT IS UNLAWFUL, UNFAIR, IMPROPER ARBITRARY OR CAPRICIOUS BASED								
UPON THE FOLLOWING GROUNDS (CHECK ONE OR MORE AS APPLICABLE)								
OVERVALUATION								
LI OVERVALUATION								
☐ DISCRIMINATION								
☐ MISCLASSIFICATION								
LALIVII HON								
OTHER (EVRI AIN)								
OTHER (EXPLAIN)								
DECORPTION OF PROPERTY, ATTACL A LICE OF THE PROPERTY CIVING A PRICE DECORPTION OF THE PROPERTY THE								
DESCRIPTION OF PROPERTY: ATTACH A LIST OF THE PROPERTY GIVING A BRIEF DESCRIPTION OF THE PROPERTY, THE								
SELLING PRICE NEW AND THE YEAR OF MANUFACTURE.								
THE TAXPAYER HAS PREVIOUSLY APPEALED THIS ASSESSMENT TO THE BOARD OF EQUALIZATION (ATTACH A COPY OF THE								
BOARD'S DECISION) AND HEREBY REQUESTS A HEARING TO CORRECT THE ASSESSMENT.								
,								
Lewgar that the allegations contained within this complaint are true to the heat of my knowledge and helief								
I swear that the allegations contained within this complaint are true to the best of my knowledge and belief.								
If represented by an attorney, complete right side only. If not, complete left side only. Missouri law requires attorney representation for								
all corporations, pa	rtnerships, trusts	and othe	er legal entities wh	ich are not natural pe	rsons.			
TAXPAYER'S SIGNATURE				ATTORNEY'S SIGNATURE				
ATTURNET 5 SIGNATURE								
DAYTIME TELEPHONE				DAYTIME TELEPHONE	BAR NUMBER			
()								
ADDRESS (STREET/BOX)				ADDRESS (STREET/BOX)				
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE	
J., 1		0.711		J		J J J J J J J J J J J J J J J J J J J		
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